MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/0[illegible]
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			0			
2				1		
3				1		
4				1		
5				1		
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TOTAL IND.			4			
TOTAL DEP.			9			
TOTAL			13			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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